

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A TRANSPORTER PERMIT

Item I – Transporter Name

Place the same name that appears on their insurance documentation and EPA ID Number.

Note: *If the company's name, corporate structure, or EPA ID Number changes, a new hazardous waste transporter permit application needs to be submitted within 30 days of such a change. Also, the appropriate permit application fee should accompany the application.*

Item II – Date

Place the date the application was completed. (Example: MM/DD/YY)

Item III – Address (if applicable)

We would prefer a physical address of the company. Also, if you have a mailing address, please note it on the application.

Item IV – Phone Number

Place the telephone number of the company.

Item V – Completed by

Place the name of the person who completed the application. That person can also be the principal contact.

Item VI – EPA ID Number

Place the EPA ID Number you received from the U.S. EPA of the Department of Environmental Quality (DEQ). The DEQ will use this number to issue a Virginia Hazardous Waste Transporter Permit to your company.

Note: *Please insure that the EPA ID Number listed above is correct.*

Item VII - Title

Title of the person completing application.

Item VIII – Please attach financial data

- a) If you are an Interstate transporter, you must submit: 1) a copy of a Certificate of Insurance (Certificate). The Certificate should list the name of the transporter being insured, the Certificate must state that the transporter has at least \$1,000,000 of insurance coverage, and show that the Department of Environmental Quality, Waste Division, 629 East Main Street, P.O. Box 10009, Richmond, Virginia 23219-0009, is the Certificate Holder; or 2) a copy of an Endorsement(s) for Motor Carrier Policies of Insurance for Public Liability Under Sections 29 and 30 of the Motor Carrier Acts of 1980 (Form MCS-90) issued by insurers; or 3) a Motor Carrier Surety Bond for Public Liability under Section 30 of the Motor Carrier

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Acts of 1980 (Form MCS-82) issued by insurers, or 4) a written decision, order, or authorization of the Interstate Commerce Commission (ICC) authorizing a motor carrier to self-insure under Section 1043.5 of this title, provided the motor carrier maintains a satisfactory safety rating as determined by the Federal Highway Administration under Part 385 of this title.

- b) If you are an Intrastate transporter you must submit: 1) a copy a Certificate of Insurance (Certificate). The Certificate should list the name of the transporter being insured, the Certificate must state that the transporter has at least \$1,000,000 of insurance coverage, and show that the Department of Environmental Quality, Waste Division, 629 East Main Street, P.O. Box 10009, Richmond, Virginia 23219-0009, is the Certificate Holder; or 2) a copy of an Endorsement(s) for Motor Carrier Policies of Insurance for Public Liability Under Sections 29 and 30 of the Motor Carrier Acts of 1980 (Form MCS-90) issued by insurers; or 3) a Motor Carrier Surety Bond for Public Liability under Section 30 of the Motor Carrier Acts of 1980 (Form MCS-82) issued by insurers, or 4) a written decision, order, or authorization of the Interstate Commerce Commission (ICC) authorizing a motor carrier to self-insure under Section 1043.5 of this title, provided the motor carrier maintains a satisfactory safety rating as determined by the Federal Highway Administration under Part 385 of this title; or 5) a latest annual balance sheet.

Item IX – Incorporated in

Place the name of the State you are incorporated in.

Item X – Virginia Corporation ID Number (if applicable)

Place your State Corporation Commission number in this box.

Item XI – Corporate Headquarters Address

Place your headquarter's physical address in this box if you are not a Virginia transporter.

Item XII – Chief Executive Officer

Place the name of the person who is authorized to run the company on behalf of the board or legal owners

Note: *The Chief Executive Officer may be the legal owner of the company.*

Item XIII – Are you presently licensed or permitted by any other State to transport hazardous materials or hazardous waste?

If you marked yes, please attach a list of licensing/permit agency and appropriate code to identify your license/permits. Also, please include the address if different from the address listed on the application.

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Item XIV – Have you been informed by a State or Federal agency of violations pertaining to the management of hazardous wastes or transportation of hazardous wastes/materials?

If you marked yes, please attach a list identifying the agency issuing notice of violation and circumstances. Also, you may attach a copy of the order or agreement.

Item XV – Give name, address, and telephone number of the principal contact

Place the name, address and telephone number of the person who will be contacted in case of an emergency or if there are questions concerning the transportation of hazardous materials/hazardous wastes.

Item XVI - Certification Below Must Be Signed

The name and title of the person certifying that all statements are true. Usually, the president, vice president, contact person, or owner of the company certifies the form.

If you have any questions regarding the completion of this application, please contact Julia M. King-Collins at (804) 698-4237 or e-mail her at jmking-col@deq.state.va.us.

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